## PART B - FEE(S) TRANSMITTAL

JUN 13 2005 w				Commissioner for P.O. Box 1450 Alexandria, Virg	Alexandria, Virginia 22313-1450 (703) 746-4000		
INSTRUCTIONS: This for appropriate. All further condicated unless corrected daintenance fee hotification	orm should be used for transpression or directed otherwise ons.	smitting the ISSU Patent, advance on in Block 1, by (a	TE FEE and PU ders and notific ) specifying a n	BLICATION FEE (if requation of maintenance fees when the correspondence address	nired). Blocks 1 through 5/s will be mailed to the current; and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
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RONALD V. DAVIDGE SUITE 514 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
06/14/2005 FFANAIA3 00000077 10648738				RONALD V. DAVI	RONALD V. DAVIDGE (Depositor's name)		
01 FC:2501 700.00 DP				06/10/2005	(Signature) (Oate)		
APPLICATION NO.	FILING DATE	FIRST NAMED		NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/648,738	08/26/2003	Zoya Haj		npour	1365	4687	
APPLN. TYPE	STOPPER AND STRAW WI	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$0	\$700	06/10/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	]		
NGO, LIEN M		3727		215-229000			
CFR 1.363).  Change of correspor Address form PTO/SB/	ce address or indication of "F ndence address (or Change of 122) attached. ation (or "Fee Address" Indication or more recent) attached. Us	Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO E	E PRINTED ON T	THE PATENT (	print or type)		<del></del>	
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ZOYA, INC. SUNRISE, FLORIDA							
	te assignee category or catego	ories (will not be pri	inted on the pate	ent): 🖵 Individual 🗹 C	Corporation or other private gr	roup entity Government	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
Issue Fee  A check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.							
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